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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Sect Division of Corpo		• •	
SUBJECT:	Proforma 1	Creative Strate	gies LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ste	ven Tupler	
		Creative Stra	tegies
	3389	Sheridan St.	#551
	Hellyw		302/
	Steve E-mail address: (	City/State and Zip Code  Tupler @ profit to be used for future annual report notif	orma. Com
For further information cor	ncerning this matter, please ca	Steven Tupler  Name of Person  Forma Creative Strategies  Firm/Company  89 Sheridan St. #55/  Address  Ilywood FL 3302/  City/State and Zip Code  Feve. tupler @ proforma. Com  I address: (to be used for future annual report notification)  r, please call:  at (954) 347-9347  Area Code Daytime Telephone Number  Fee & \$555.00 Filling Fee & Certificate of Status & Cer	
Steven	Tupler	at (954) 34.	<b>1</b> -9347
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Proform	na Creative Strategies	LL	C
	Liability Company as it now appears on our records.) Florida Limited Liability Company)		<del></del>
The Articles of Organization for this Limited Liabi	77029	10 ,	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e Strategier LLC	r the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the	name of the new
Name of New Registered Agent:		<u> </u>	<u> </u>
New Registered Office Address:	Enter Florida street address		
-	, Flori	da 🔀 🗀	o Code
	CIIV	Z4	/ COUC

#### New Registered Agent's Signature, if changing Registered Agent:

1

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Add
			. □ Remove
			Change
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			☐ Change
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			Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			П Change

ated_	September 15, 2015  Signature of a member or authorized representative of a member			_
The	ord specifies a delayed effective date, but not an effective time, at 12 90th day after the record is filed.	:01 a.m. on	the e	arlier of:
ocume	ent's effective date on the Department of State's records.			
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day if the date inserted in this block does not meet the applicable statutory filing requirement	rs after filing.) Pu	rsuant to not be	605.0207 ( listed as t
fectiv	ve date, if other than the date of filing:	াল (optional)		
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Page 3 of 3

Filing Fee: \$25.00